amphotericin B. Therefore, monitoring and follow-up of these patients -who will require more frequent magnesium supplementation- is a priority.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-168 EFFECTIVENESS, SAFETY AND ADHERENCE TO EVOLOCUMAB IN REAL CLINICAL PRACTICE

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Background and Importance Evolocumab, an inhibitor of proprotein convertase subtilin-kexin type 9, represents an alternative therapeutic option for individuals who exhibit intolerance to standard low-density lipoprotein cholesterol (LDL-C) treatments or fail to attain desired LDL-C levels.
Aim and Objectives This study aims to assess the effectiveness, safety and adherence to evolocumab among patients with hypercholesterolemia.
Material and Methods Observational, retrospective, and multidisciplinary study that included patients who started treatment with evolocumab in a tertiary hospital between July 2016 and August 2022. Data variables (clinical history and dispensing program) were sex, age, indication, statins treatment, evolucumab dosage, treatment duration, LDL-C levels at baseline, 3, 6, 12 and 36 months, adverse effects (AEs) and adherence (medication possession rate). SPSS-27 statistical program (Wilcoxon test) was used to compare the decrease in LCL-C levels at different times.
Results The study enrolled 63 patients (52.4% women), with an average age at initiation of 61.8 (SD:11.1) years. The primary diagnoses included familial hypercholesterolemia (57.1%), established cardiovascular disease (33.3%) or both (9.5%). 63.5% of patients were intolerant to statins, 1.6% had contraindications, and 34.9% received statins at maximum tolerated doses without achieving target LDL-C levels. Dosage was 140 mg/14 days, with an average treatment duration of 3.0 (SD:1.6) years and an adherence rate of 91.3 (SD:14.9)%. The average LDL-C levels was 169.9 (SD:57.5) mg/dl, 84.9 (SD: 62.6) mg/dl, 77.2 (SD: 47.5)mg/dl, 75.7 (SD: 39.0) mg/dl and 84.0 (SD: 44.5) mg/dl at basal, 3, 6, 12 and 36 months, respectively. These LDL-C levels were significantly reduced ($p<0.01$) when compared to basal. Currently the majority (85.7%) of patients continue their treatment, 1.6% lost to follow-up, and 12.7% discontinued due to death (4.8%), AEs (6.3%) and lack of response (1.6%). Only four patients had AEs (headache; pseudo catarrhal symptoms, haematomas, spasms; anaphylaxis; skin reaction, diarrhoea and myopathies), and evolocumab was withdrawn in all of them.
Conclusion and Relevance Evolocumab emerges as a compelling therapeutic option for LDL-C reduction and cardiovascular risk mitigation, particularly for patients with statin intolerance or inadequate statin response. The results obtained in our real clinical practice (55.4% decrease in LDL-C levels at 12 months) were similar to those of the pivotal clinical trials. Further research is warranted to ascertain its impact on major cardiovascular events in real-world settings.

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Conflict of Interest No conflict of interest.

4CPS-169 EVALUATION OF ANTICHOLINERGIC DRUG PRESCRIPTION USING A CLINICAL DECISION SUPPORT SYSTEM: A PROSPECTIVE STUDY IN A GERIATRIC REHABILITATION CENTRE

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Background and Importance Anticholinergic drugs are considered as potentially inappropriate in older adults. Different scales are available to quantify anticholinergic burden. A score ≥ 3 is considered as increasing the risk of side effects. Clinical pharmacists can play an important role in reducing anticholinergic drug prescription, but resources are limited. A clinical decision support system (CDSS) based on anticholinergic burden scales can help pharmacists to identify patients at higher risk of anticholinergic side effects.
Aim and Objectives The objective of this prospective study was to evaluate the prescription of anticholinergic drugs in a geriatric rehabilitation unit (RU) and the anticholinergic burden for each patient regarding the prescription at home, at discharge of acute care, on admission in RU and at discharge to home.
Material and Methods All patients, aged > 65 years, with at least one anticholinergic drug on admission in RU or during the stay were eligible. The CDSS Pharmaclass® was used to detect patients with anticholinergic drugs, based on the CRIDECO anticholinergic burden scale. When the score was ≥ 3, the pharmacist evaluated the situation and informed the physician. If needed, he suggested pharmaceutical interventions.
Results 132 patients were included between April and May 2023. Average anticholinergic score was 1.83 (+/- 1.6 SD) for the usual home treatment, 2.81 (+/- 1.78 SD), the last day in the acute unit, 2.45 (+/- 1.54 SD) on admission in the RU and 1.81 (+/- 1.54 SD) at discharge. 40% of the patients had an anticholinergic score ≥ 3 on admission and 24% at discharge. Anticholinergic drugs were prescribed 349 times with analgesics being the most prescribed (24%), followed by antidepressants (16%). Pharmacist informed the prescriber about a score ≥ 3 for 58 patients and realised 45 interventions with an acceptance rate of 82%.
Conclusion and Relevance Hospitalisation in acute care led to an increase of anticholinergic drug prescription. A stay in a geriatric rehabilitation unit before discharge helped reducing this burden. Sensitivity of geriatrician regarding inappropriate prescriptions as well as focused pharmaceutical interventions, supported by a CDSS, result in this score reduction. This study reveals the need to deploy the anticholinergic alert of CDSS to other wards in acute care.

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